

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020389

2565

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

FILED MAY 20 1963

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY | Jackson | a. STATE | Missouri |
| b. CITY (If outside corporate limits, give TOWNSHIP only) | Kansas City | b. COUNTY | Jackson |
| Length of stay in 1b | 80 YEARS | c. CITY OR TOWN | Kansas City |
| c. FULL NAME OF (If NOT in hospital, give location) | Menorah Medical Center | d. STREET ADDRESS | 4433 Campbell |
| Inside Limits | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | (If outside, give location) | |
| 3. NAME OF DECEASED | | 4. DATE OF DEATH | |
| (Type or print) | First Middle Last | Month | Day Year |
| | Lester Wolff | 4 | 30 63 |
| 5. SEX | 6. COLOR OR RACE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH |
| Male | White | | 12/2/82 |
| 9. AGE (last birthday) | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | |
| 80 | CATTLE DEALER | | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| | | K.C. STOCKYARDS | |
| 11. BIRTHPLACE (City and state or country) | | 12. CITIZEN OF WHAT COUNTRY | |
| Kansas City, Mo. | | U. S. A. | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | |
| MAURICE WOLFF | | ESTELLE METZGER | |
| 14. NAME OF HUSBAND OR WIFE | | Address | |
| MRS. ANNIE WOLFF | | 210 EAST 24TH STREET KANSAS CITY, MO. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| No | | None | |
| 17. INFORMANT | | Address | |
| JOSEPH L. WOLFF | | 210 EAST 24TH STREET KANSAS CITY, MO. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART I. DEATH WAS CAUSED BY: | | | |
| IMMEDIATE CAUSE (a) | | 1 year | |
| Hypertensive and Arteriosclerotic Cardio-renal Disease with Uremia | | | |
| DUE TO (b) | | | |
| Essential Hypertension | | 5 years | |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. | |
| Nutritional Encephalitis of Liver - Diabetic Mellitus | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY | | Hour a.m. p.m. Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 1950 to April 30, 1963 and last saw him alive on April 30, 1963 | | Death occurred at 2:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) | | 22b. ADDRESS | |
| Jack W. Wolff M.D. | | 409 E. 63 St. Kansas City, Mo. | |
| 22c. DATE SIGNED | | 5/1/63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| BURIAL | MAY 2, 1963 | ROSE HILL CEMETERY | KANSAS CITY MISSOURI |
| 24. FUNERAL DIRECTOR | ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
| D.W. Newcomer's Sons | 1331 Brush Cr. Kansas City, Mo. | 5-2-63 | Keith Long |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

Jack W. Wolff

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul J. Hiney

Licensed Embalmer No.

724

P. O. Address

McMo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.